# F100000053103

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPOSALS

of 12/8/10

### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Albany Industries, Inc.					
	tion - must include suffix	<del>-</del> -	-		
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are subm				
Please return all correspondence concerning this ma	_				
Phillip Jam Name	ieson				
Name	of Person	· · · · · · · · · · · · · · · · · · ·	•		
	Company		-		
New Albany, City/Sta	Rd		_		
A	ddress				
New Albany	MS 38652		_		
City/Sta	ite and Zip code				
Phillip : amies E-mail address: (to be us	sed for future annual report no	dustries. Can tification)	<u>n</u>		
For further information concerning this matter, plea	se call:				
Phillip Jamie Son at (66) Name of Person Ar	62, 534-98	00			
Name of Person Ar	rea Code & Daytime Telephor	ne Number	3 140		
		DRESS:			
STREET/COURIER ADDRESS:	MAILING AD	DRESS:	2 2		
New Filing Section  New Filing Section  Division of Compositions		tion			
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301		ر	ກ 🐉		
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy	&		

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Albany Industries, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	Albany Furniture Industries, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2.	Mississippi 3. 64-0858051						
	(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4.	March 8, 1995 <sub>5.</sub> Perpetual						
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")						
6.	Upan filing						
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
7,504 North Glenfield Road, New Albany, MS 38652							
(Principal office address)							
, same							
(Current mailing address)							
8. Furniture Manufacturing							
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5					
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	SE SE					
	Name: Incorp Services, Inc.  ffice Address: 17888 67th Court North  w						
0	ffice Address: 17888 67th Court North						
	Loxahatchee, Florida 33470 (City) (Zip code)	ί. 					

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	SECRETARY OF WALL
A. DIRECTORS	DIVISION OF CORPORALLS
Chairman: (Director) Richard Hugh McLarty	2010 DEC -7 PM 3: 35
Address: 504 North Glenfield Road	
New Albany, MS 38652	•
Vice Chairman:	
Address:	
Director: Phillip Jamieson	
Address: 504 North Glenfield Road	
New Albany, MS 38652	
Director: Hugh W. McLarty	
504 North Glenfield Road	
New Albany, MS 38652	
B. OFFICERS	
President: Richard Hugh McLarty	
Address: 504 North Glenfield Road	
New Albany, MS 38652	
Vice President:	
Address:	
Secretary: Phillip Jamieson	
Address: 504 North Glenfield Road, New Albany, MS 38652	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing addi	tional officers and/or directors
//Mi/. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tional officers and/of diffetors.
Signature of Director or Officer	) (C) 1 1 1 1 C 1 1 1 1
The officer or director signing this document (and who is listed in number 12 abo are true and that he or she is aware that false information submitted in a documen	

14. Phillip Jamieson, Secretary

third degree felony as provided for in s.817.155, F.S.

# State of Mississippi

## Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 8, 1995, the State of Mississippi issued a Charter/Certificate of Authority to:

ALBANY INDUSTRIES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

ARY OF SECOND SE

Given under my hand and seal of office October 6, 2010

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hosemann, dr.

Certification Number: 12279602-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp